

## ABSTRACT

**Background:** Benign prostatic hyperplasia (BPH) is the common benign tumor in men more than 50 years of age. 5  $\alpha$  reductase inhibitors like Finasteride and Dutasteride are commonly used in the medical management of BPH due to its prostatic volume reduction properties secondary to inhibition of the androgen Dihydro- testosterone. Studies have reported that short course of preoperative Finasteride reduces the peri-operative blood loss following TURP for BPH. But this is not practiced widely. Therefore we conducted this study to evaluate the effect of finasteride on intra-operative and postoperative blood loss following TURP, which could resolve some of the controversies over the use of this drug.

**Methods:** one Hundred patients undergoing TURP for BPH were randomly allocated in to two groups with 50 patients in each group. Group A patients received tablet finasteride 5 milligram once a day 2 weeks prior to surgery and group B patients received only placebo. Intraoperative blood loss, post operative hemoglobin, PCV drops and operative time, resected tissue weight and tissue microvessel density was assessed. Post operative follow- up was done at one month maximum urinary flow rate and IPSS score was assessed.

**Results:** The demographic parameters were comparable in two groups. The mean hemoglobin drop in group A & B was 1.7 and 2.8 grams respectively. The mean operative time and resected tissue weight in both group A & B were 46 minutes, 27.7 grams & 53 minutes, 24.1 grams respectively. In finasteride group there was significant reduction of Intraoperative blood loss, microvessel density and post operative complications like clot retention, need for blood transfusion and urinary tract infection.

**Conclusion:** preoperative short course finasteride therapy definitely reduces the peri-operative blood loss following TURP for BPH.

**Key words:** Finasteride, benign prostatic hyperplasia, Peri-operative blood loss.